

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

1. LIMITED. 07/11/2012

FORM APPROVED

OMB NO. 0938-0301

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|--|--|--|---|----------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445162 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ | | (X3) DATE SURVEY COMPLETED 07/09/2012 |
| NAME OF PROVIDER OR SUPPLIER ASBURY PLACE AT JOHNSON CITY | | | STREET ADDRESS, CITY, STATE, ZIP CODE 105 WEST MYRTLE AVENUE JOHNSON CITY, TN 37604 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE | |
| K 045 SS=E | <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure exits paths were lighted so the area would not be in total darkness. The findings include: Observation and interview with the Maintenance Director, on July 9, 2010 at 11:20 a.m. confirmed the outside lights at two (2) of four (4) exits from facility were not illuminated such that the failure of any single lighting fixture (bulb) would not leave the area in darkness (NFPA 101, 7.8.1.4). This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on July 9, 2012.</p> | K 045 | <p><u>K 045 NFPA 101 Life Safety Code Standard</u></p> <ol style="list-style-type: none"> 1. An additional light fixture was installed at the two identified exits on 7/17/12 to assure exit paths were lighted so the area would not be in total darkness. 2. On 7/9/12, an audit of all exits was performed. All other exits were found to be illuminated by two bulb fixtures. 3. Administrator and/or Maintenance Director will ensure two bulb fixtures are installed at exits for any new construction. 4. The plans for new construction will be reviewed by the Quality Assurance Committee (DON, Administrator, Facilities Director maintenance and housekeeping, MDS, Pharmacy, Social Services, Medical Director, ADON, Dining Services). | 7/17/12 | |
| K 104 SS=D | <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Penetrations of smoke barriers by ducts are protected in accordance with 8.3.6.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure duct penetrations in smoke barriers were sealed.</p> | K 104 | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Mark LeFluitor**Administrator*

8/3/12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445162 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ | | (X3) DATE SURVEY COMPLETED 07/09/2012 |
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| K 104 | Continued From page 1 The findings include: Observation and interview with the Maintenance Director, on July 9, 2010 at 11:05 a.m. confirmed the " Lab Room " (#110) had a 6-inch flexible round duct penetrating the 1-hour rated ceiling via an 8-inch square opening that was not sealed or provided with a fire damper. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on July 9, 2012. | K 104 | <u>K 104 NFPA 101 Life Safety Code Standard</u> 1. The 6-inch flexible round duct will have a fire damper installed as well as be sealed by 8/15/12. 2. On 7/9/12, an audit of all ducts penetrating the 1-hour rated ceiling was performed. Three other penetrations required fire dampers to be installed as well as be sealed. To be completed by 8/15/12. 3. Administrator and/or Maintenance Director will ensure fire dampers are installed on any new duct work penetrating the 1-hour rated ceiling. 4. The plans for new construction will be reviewed by the Quality Assurance Committee (DON, Administrator, Facilities Director maintenance and housekeeping, MDS, | 8/15/12 | |

Pharmacy, Social Services,
Medical Director, ADON,
Dining Services).